



State of Colorado

Flexible Work Arrangements (FWA)

Flexplace – Alternate Office Ergonomic Checklist

This checklist serves as a guide for assessing the ergonomics of the proposed alternate office. Employees are responsible for ensuring alternate office conditions are safe and ergonomically correct, in order to prevent any workplace injuries.

Name:	Department:	
Division:	Work Unit:	
Office Location:	Phone #	Fax #
Alternate Location:	Phone #	Fax #
E-mail Address(es):		
Official Class Title:	Appointing Authority:	

Alternate Office Assessment (assess seated posture from the ground up)

- Are the employee's feet resting on the floor or supported by a stable footrest?
☐ Yes ☐ No - If No, adjust seat height so feet are flat on the floor.
- Is there adequate space underneath the work surface for thighs, legs, and feet so the employee can get close enough to the keyboard and input device?
☐ Yes ☐ No - If No, move materials out from under desk, raise keyboard tray, lower chair, or raise workstation.
- Are thighs parallel to the floor or hips slightly above knee level?
☐ Yes ☐ No - If No, adjust seat height up or down.
- Is seat pan wide enough to accommodate employee?
☐ Yes ☐ No - If No, try another chair with a wider seat pan.
- Does seat pan fully support the thighs?
☐ Yes ☐ No - If No, adjust seat pan forward so that approximately 2" of space is between employee's calf and the edge of the seat.
- Is the apex of the lumbar support at or slightly above the employee's belt line?
☐ Yes ☐ No - If No, adjust back rest up or down.

7. Is the back rest tilt adjusted so employee's trunk is approximately perpendicular to the floor?
☐ Yes ☐ No - If No, adjust back rest tilt forward or backward, as needed. If backrest doesn't provide adequate support, turn tension knob on bottom of chair until the desired support is found.
8. Are employee's elbows free from contact with hard edges of the chair arm rest?
☐ Yes ☐ No - If No, adjust arm rest up/down/in/out so elbows do not contact arm rest or arm rest comes in contact with the forearms only. Add padding to arm rest or remove arm rests completely.
9. Are the forearms parallel to the floor when typing?
☐ Yes ☐ No - If No, adjust work surface height or keyboard tray height so elbows are at 90° - 110° angle. If employee has to reach for mouse, move mouse to the same level as the keyboard. If workstation height is nonadjustable record this height _____.
10. Are the wrists in a neutral position when keying?
☐ Yes ☐ No - If No, adjust the height of the work surface or keyboard. May also need to adjust the keyboard tilt angle to a flat or slightly declined position. Employee may also benefit from a wrist rest. If employee has wrists in an awkward posture when mousing, move mouse to same level as keyboard. Employee may also benefit from a wrist rest for mousing.
11. Does the input device pointer move easily across the screen without a lot of hand movement?
☐ Yes ☐ No - If No, and employee is using a mouse, make sure the mouse ball is clean. Check software settings to see if pointer speed is at least 75% or more.
12. Does the input device fit the size of the employee's hand?
☐ Yes ☐ No - If No, consider larger or smaller input device.
13. Are the wrists free from contact with sharp edges?
☐ Yes ☐ No - If No, move the keyboard or mouse to the edge of the work surface or provide a wrist rest.
14. Is the employee's monitor facing directly in front of them?
☐ Yes ☐ No - If No, move monitor directly in front of employee.

15. Is the top of the monitor screen at employee's eye level*?
☐ Yes ☐ No - If No, move monitor up or down. *If employee wears progressive or bifocal lenses, move the monitor 2" - 3" lower.
16. Is the monitor 18" - 24" away from the employee's eyes?
☐ Yes ☐ No - If No, move monitor forward or back.
17. Is the monitor tilted so the screen is perpendicular to the floor?
☐ Yes ☐ No - If No, tilt the monitor so it is perpendicular to the floor.
18. Is the monitor free from glare?
☐ Yes ☐ No - If No, move the monitor, close the window blinds, tilt monitor perpendicular to the floor, or provide an anti-glare screen.
19. Is the computer, workstation, equipment, and accessories maintained in serviceable condition and function properly?
☐ Yes ☐ No - If No, contact IT for computer-related problems, if equipment is state owned. If employee's personal equipment, you may require that issues are addressed before the flexplace arrangement is approved.

☐ Alternate office space/equipment inspected and NOT APPROVED

☐ Alternate office space/equipment inspected and APPROVED

Comments: _____

Appointing Authority

Date